

**Component**

Total Owed	Total Paid	Balance Due	Quantity Name	Qty	Posted Fee
43.	43.00	0.00	Independent Claims over 3	1	2201
3459.	1431.00	2028.00	Total Claims over 20	237	2262
145.	145.00	0.00		1	2203
65.	65.00	0.00			2051
0.	43.00	-43.00	Overpayment Amount	1	2622
0.	0.00	0.00			
0.	0.00	0.00			
0.	0.00	0.00			
0.	0.00	0.00			
4097.	2112.00	1985.00			

Note: Information in this box reflects the current status of the component, NOT necessarily the status when the item below was received.

**Item**

Name Initial Application Filing Fees

Mailroom Receipt Date 03/02/2004

Effective Receipt Date 03/01/2004

Select problem(s) associated with this item

- Incorrect fee posting
- Miscellaneous Overpayments (Informal)
- Basic filing fee missing
- Basic filing fee insufficient
- Late filing fee or oath/dec.surcharge required
- Late fee or oath surcharge (Partial Payment)

OK Skip Refresh Hold Cancel Print Screen

Last Modification